

Image of the Month

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A 41-YEAR-OLD MAN PRESENTED WITH A 1-year history of a slowly expanding right neck mass (**Figure 1**). During the past few months, he had also developed diffuse bone pain and had recently begun to use a cane to walk. The patient's medical history was significant for end-stage renal disease as a sequela of Wegener granulomatosis; he had been receiving hemodialysis for more than 10 years. Five years ago, the patient underwent neck surgery, although he was unable to provide specific details. Physical examination revealed a transverse Kocher incision and a 2-cm round, mobile mass in the right neck at level III. Laboratory testing revealed hy-

percalcemia (total calcium level, 11.7 mg/dL; reference range, 8.0-10.4; to convert to millimoles per liter, multiply by 0.025) and elevated parathyroid hormone level (>2500 pg/mL; reference range, 12-65 pg/mL).

A computed tomographic scan with intravenous contrast demonstrated a 2.1 × 1.5 × 2.0-cm, heterogeneously enhancing mass located within the right sternocleidomastoid muscle. There was a small amount of low attenuation at the periphery of the lesion, and there was associated fat stranding of the adjacent subcutaneous tissue (**Figure 2**). Fiberoptic laryngoscopy revealed mobile vocal cords.

What Is the Diagnosis?

- A. Ectopic parathyroid adenoma
- B. Secondary hyperparathyroidism
- C. Tertiary hyperparathyroidism
- D. Medullary thyroid cancer with lateral neck and bone metastases

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Figure 1. Anteroposterior view of the neck demonstrating a palpable right neck mass.



Figure 2. Contrast-enhanced computed tomogram reveals an enhancing mass (arrow) within the sternocleidomastoid muscle.